

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**


04-28-2006 90021 013 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

4/

**DOCUMENT # L03000002908**

1. Entity Name  
**CHASCO APARTMENTS LEASECO, LLC**




Principal Place of Business      Mailing Address

**5005 INTERBAY BLVD.  
 TAMPA, FL 33611**                      **5005 INTERBAY BLVD.  
 TAMPA, FL 33611**

**DO NOT WRITE IN THIS SPACE**

**30009039**



04202006No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For

**57-1146175**                      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**EVERETT, ANTHONY  
 5005 INTERBAY BLVD.  
 TAMPA, FL 33611**

**DO NOT WRITE  
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when retitling)

**- Filing Fee is \$50.00  
 Due by May 4, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR CARAWAY, JR, HUGH L 405 N ST MARY'S ST #850 SAN ANTONIO, TX 78205</b>
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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **ANTONIO TAJAMANTE (CONTROLLER)**      5-22-06      20-881-1469

PRINTED AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #